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| Application Number | 09/971,774 |
| Filing Date | October 9, 2001 |
| First Named Inventor | REDMOND |
| Examiner Name | L. Maier |
| Group Art Unit | 1623 |
| Attorney Docket Number | 1194-180 |

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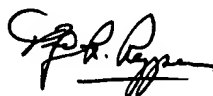
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REMARKS:

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|----------------------|---|--------------------------|-------------------|
| SUBMITTED BY | | Complete (if applicable) | |
| NAME AND REG. NUMBER | George R. Repper, Reg. No. 31,414 | | |
| SIGNATURE |  | DATE | December 24, 2003 |
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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/971,774
Applicant : REDMOND
Filed : October 9, 2001
TC/A.U. : 1623
Examiner : L. Maier

Confirmation No. 3168

Docket No. : 1194-180
Customer No. : 6449

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

RESPONSE AND REQUEST FOR RECONSIDERATION

Sir:

In an Office Action dated September 24, 2003, claims 1-12 and 26, all of the claims pending in the above-identified U.S. patent application, were rejected. In view of the following remarks, Applicants respectfully request reconsideration of this application, and allowance of the claims.

Claims 1-5, 8, 9, 11 and 12 were rejected under 35 USC § 103(a) as being unpatentable over Jacobi et al. (Langenbecks Arch. Chir. 1997) in view of Monson et al. Claims 1-12 also were rejected under 35 USC § 103(a) as being unpatentable over Jacobi et al. in view of Monson et al. and further in view of Allgood et al. Claims 1-5, 8, 9, 11 and 12 were rejected under 35 USC § 103(a) as being unpatentable over Jacobi et al. in view of Monson et al. and further in view of Nicolson et al. Claims 1-5, 8, 9, 11, 12 and 26 were rejected under 35 USC § 103(a) as being unpatentable over Jacobi et al. in view of Monson et al. and further in view of PDR-1995. These rejections are respectfully traversed.

In order to render claims obvious, a combination of prior art must at least suggest the elements of the claims.

In the present case, all of the claims of the present applications specifically require the following steps:

1. forming a surgical opening in a patient's abdomen;
2. surgically removing a cancerous tumor from the patient's abdomen through the surgical opening;
3. administering taurolidine, taurultam or a mixture thereof to the patient's abdomen prior to closing of the surgical opening and after surgically removing the cancerous tumor;
4. closing the surgical opening; and
5. additionally administering taurolidine, taurultam or a mixture thereof to the patient after closing the surgical opening.

In the present case, the applied prior art cannot be combined to suggest the particular combination of elements set forth above.

While Jacobi et al. applied postoperative lavage with taurolidine in patients undergoing laparoscopic resection of malignancies, there is no teaching or suggestion whatsoever in Jacobi et al. of the specific steps of the present claims, wherein the tumor is removed, taurolidine and/or taurultam is administered to the abdomen prior to closing of the surgical opening and after surgical removal of the tumor, and additionally administering taurolidine and/or taurultam to the patient after closing the surgical opening.

None of the other references applied in the Office Action can supply this manifest deficiency.

Monson et al. merely discloses administration of taurolidine or taurultam by injection or infusion in the prevention of cancer metastases.

Absent hindsight knowledge of the present claims, Jacobi et al. and Monson et al. cannot be combined to suggest the specific sequence of steps set forth above.

Allgood et al. discusses endoscopic surgery, but cannot be combined with Jacobi et al. and Monson et al. to suggest the specific sequence of steps set forth in the claims, as outlined above.

Nicolson et al. discloses glycosaminoglycans, but cannot be combined with Jacobi et al. and Monson et al. to suggest the specific sequence of claim features set forth above.

PDR-1995 discloses 5-FU but cannot be combined with Jacobi et al. and Monson et al.


to suggest the specific sequence of claim features outlined above.

Since none of the applied references can be combined to suggest the specific steps of the present claims, wherein a tumor is removed, taurolidine and/or taurultam is administered to the abdomen prior to closing of the surgical opening and after surgical removal of the tumor, and additionally administering taurolidine and/or taurultam to the patient after closing the surgical opening, all of the rejections under 35 USC § 103(a) should be withdrawn.

Claim 1 of the present application was provisionally rejected under the judicially created doctrine of obviousness-type double patenting as being unpatentable over claim 14 of commonly owned co-pending application No. 10/270,174, in view of Jacobi et al. In response thereto, Applicants are submitting herewith a terminal disclaimer, obviating this rejection. In view thereof, withdrawal of this provisional rejection is respectfully requested.

Applicants submit that the present application is now in condition for allowance. Reconsideration and favorable action are earnestly requested.

Respectfully submitted,

By 
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